



## APPLICATION FOR REGISTRATION AS A PROFESSIONAL CORPORATION

(Registration must be issued annually)

**\$25.00 Registration Fee**

FEES ARE NOT REFUNDABLE

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**Check here if this is the first filing for a new professional corporation**

Name of Corporation \_\_\_\_\_  
(must be the exact name as reserved or filed with the Secretary of State)

Principal Place of Business: \_\_\_\_\_  
Street Address City State Zip

Practice of: \_\_\_\_\_  
(Please name profession in which corporation is engaged)

Telephone Number : (\_\_\_\_\_) \_\_\_\_\_

### **OFFICERS OF CORPORATION**

**This section must be completed.** All officers of the corporation except secretary and assistant secretary must be licensed in Nebraska to render the professional service for which the professional corporation is organized.

_____ President (Full Name & License #)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Vice-President (Full Name & License #)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Secretary (Full Name & License #)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Asst. Secretary (Full Name & License #)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Treasurer (Full Name & License #)	_____ <u>Residence</u> - Street Address, City, State, Zip

### **DIRECTORS**

**This section must be completed.** All directors must be licensed in Nebraska to practice in the profession for which the corporation was organized. (Use additional sheets if needed)

_____ Full Name & License # (if applicable)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Full Name & License # (if applicable)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Full Name & License # (if applicable)	_____ <u>Residence</u> - Street Address, City, State, Zip
_____ Full Name & License # (if applicable)	_____ <u>Residence</u> - Street Address, City, State, Zip

## **SHAREHOLDERS**

**This section must be completed.** All shareholders must be licensed in Nebraska to practice in the profession for which the corporation was organized. (Use additional sheets if needed)

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

## **PROFESSIONAL EMPLOYEES**

Professional employees must be licensed in Nebraska to practice the profession for which the corporation was organized, or, in a profession that is ancillary to such profession. List all employees of the corporation who are required by the State of Nebraska to be licensed. Do Not list officers, directors or shareholders. (Use additional sheets if needed)

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License # (if applicable)

\_\_\_\_\_  
Residence - Street Address, City, State, Zip

Submission of this Application for Registration as a Professional Corporation verifies that all statements and information provided herein are true and correct and may be used as necessary by the Nebraska Real Estate Commission if furtherance of assuring compliance with the laws it regulates.

DATE \_\_\_\_\_

SIGNATURE OF OFFICER: \_\_\_\_\_

NAME & TITLE OF OFFICER: \_\_\_\_\_

Please Print or Type

## **CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE**

(Please note: debit cards are not accepted)

\_\_\_\_\_ Please charge my credit card for only this transaction. \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_

Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Cardmember's Signature \_\_\_\_\_